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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/029,553
	Filing Date	December 20, 2001
	First Named Inventor	BIRDSALL, Matthew J.
	Art Unit	3731
	Examiner Name	THALER, Michael
Total Number of Pages in This Submission	Attorney Docket Number	PA105 CON3

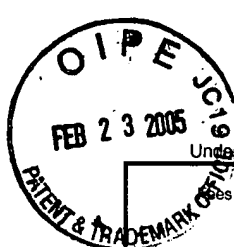
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Medtronic Vascular, Inc.		
Signature			
Printed name	Michael J. Jaro		
Date	Februaury 15, 2005	Reg. No.	34,472

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Kimberly Melvin	Date	Februaury 15, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Pursuant to the Consolidated Appropriation Act, 2005 (H.R. 4818)		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/029,553
		Filing Date	December 20, 2001
		First Named Inventor	BIRDSALL, Matthew J.
		Art Unit	3731
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	THALER, Matthew J.
TOTAL AMOUNT OF PAYMENT	(\$) 910.00	Attorney Docket Number	PA105 CON3

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **01-2525** Deposit Account Name: **Medtronic Vascular, Inc.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING Fee (\$)	FEES Small Entity Fee (\$)	SEARCH Fee (\$)	FEES Small Entity Fee (\$)	EXAM. Fee (\$)	FEES Small Entity Fee (\$)	Fees Paid (4)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP = _____ x **Fee (\$)** = **Fee Paid (\$)**
HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**

Indep. Claims - 3 or HP = _____ x **Fee (\$)** = **Fee Paid (\$)**
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = _____ / 50 = _____ (round up to a whole number) x **Fee (\$)** = **Fee Paid (\$)**

4. OTHER FEE(S)**Fee Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination (RCE)**\$790.00**One-Month Extension of Time**\$120.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	34,472	Telephone	707.566.1746
Name (Print/Type)	Michael J. Jaro	Date	February 15, 2005		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (any by the USPTO to process an application). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Express Abandonment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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